

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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6						
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41		/				
42	/					
43		/				
44		/				
45		/				
46		/				
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	19					
TOTAL	25					

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						